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Healthcare Management and Leadership: Managerial Challenges Facing Healthcare Professionals

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Abstract

This paper sought to study issues which may hinder leadership management by health care managers when executing their management functions and objectives in practice. The managerial drivers included: rules, initiatives, emotions, immediate action and integrity. This paper describes the drivers of management leadership by managers in healthcare institutions to implement their organizational objectives. The findings on perception towards delivery, performance and professional satisfaction by healthcare managers has put a lot of emphasis on resistance to change and the lack of commitment of employees (the dimension of emotions) to explain the obstacles faced by healthcare managers. The finding of our data suggests that a driver of emotions is the most critical obstacle to healthcare management.

Purpose: This research was carried out to investigate on the impediments facing healthcare practitioners with regard to their delivery, performance and professional satisfaction. The study involved effective drivers of management, which constituted individual obstacles that healthcare administrators and physicians face during their leadership and managerial execution.

Materials and Methodology: A mixed method of qualitative (focus group discussion) and quantitative (a survey with a questionnaire) approaches was applied to this study. These involved group discussion of healthcare employees and administrators in public healthcare hospitals in a Canadian province. The total number of surveyed healthcare managers was 182.

Results: The years of practice for most healthcare managers was found to be a factor in delivery. Young and fresh graduates though are very productive cannot deliver not unless they have accumulated relevant experience to master those disciplines of healthcare management and administration. Additionally it was also found that those managers who had held management position for over twenty years become less productive. Thus from the responses of healthcare managers, there should be rotational leadership and employee growth to prepare young but able future leaders. With regards to the drivers of management, it was established that the driver of emotions holds the highest consideration to delivery, performance and professional satisfaction with the kind of leadership exercised by healthcare managers. This driver had 85.67% of the respondents who agreed, 11% were neutral and 10% disagreed. Other drivers were; drivers of rules, which after analysis, was found to have 80% respondents who agreed with it, 8.33% were neutral

while 11.57% disagreed with the driver. The driver of initiatives had 74.33% responses from agreeing managers, 20% were neutral while 17% disagreed. The driver of integrity had 75.33% respondents who agreed with the driver, 20.67% were neutral while 4% disagreed. The driver of immediate action had 66.67% of the respondents agreeing, 27.33% were neutral while 6% disagreed. The summary of the report has been presents in table 4.

Conclusion: Our research discusses the significance of understanding the managerial obstacles faced by healthcare managers when exercising their leadership roles so as to have effective delivery, performance and professional satisfaction. We also discussed how the nature of healthcare managers' measures varies between the managers employed in government and private institutions. Using descriptive Analysis, our research studied the managerial obstacles that hamper the healthcare managers in implementing their objectives to achieve defined leadership. The findings supported our hypothesis that the main obstacles faced by healthcare managers are related to the drivers of emotions. Further this study also indicates that the category of immediate action such as too many emergencies and urgent issues going unresolved without solutions would be perceived by healthcare managers as obstacles.

Keywords: Healthcare leadership, Managerial execution, Professional satisfaction,

1. Introduction

Health care systems in most countries are under pressure to deliver better healthcare services to wide population of people. An improvement in healthcare services in any country requires a clear understanding of the human resources characteristics as well as the current working of the healthcare systems. As recently described by Fleishman *et al.*, (1991), provision of an adequate health care workforce is now considered one of the most pressing global human resource issues worldwide. To recruit and retain health care workers attention to the professional satisfaction of these workers is essential. Professional satisfaction is now associated with roles and responsibilities, interdisciplinary relationship, remuneration issues, and other important factors like the public recognition of the health care discipline (Fielder 1967; Fiedler 1996).

The healthcare system in any country depends highly on how well its managers and administrators are constantly working with their employees to improve the quality of their services, which in turn helps in the improvement of the quality of the life of the citizens (Fleishman 1953; Fairholm 1996). This is to mean that junior employees should be involved in key sectors of the hospital management despite having been assigned routine tasks of treatment. This will help foster the morale of such usually less motivated staff (Fleishman & Harris 1962).

A number of countries including Canada are hugely faced by staff turnover to other countries, and this is widely contributing to a number of challenges in key areas such as healthcare systems. This therefore calls for the healthcare administrators to understand, key employee factors such as push factors and pull factors (Pointer *et al.*, 1988). They ought to understand what motivates employees, in terms of morale, supervision, career development and paths for growth, and job security (Morrissey *et al.*, (1990). Accordingly, they also need to be fully aware of pull factors such as better opportunities offered by other countries and NGOs so as to retain their well qualified personnel. A clear orientation with the managerial drivers such rules, initiatives, integrity, immediate action and emotions will be relative to administrators to better understand the various obstacles that they face in their discipline (Becker & Huselid, 1998).

Healthcare management is an immediate task that is currently facing modern professionals in that field of human perpetuity and sustainability against premature deaths and other health contingencies. These managers have been faced with numerous challenges and obstacles which in management could be termed as managerial obstacles facing healthcare leaders as argued by Zuckerman (1989). It is evident in any organization that in order to achieve the organizational set goals and objectives, then effective strategy executions have to be formulated.

1.1 Aims of the study

This research was carried out to investigate on the impediments facing healthcare practitioners with regard to their delivery, performance and professional satisfaction. The study involved effective drivers of management, which constituted individual obstacles that healthcare administrators and physicians face during their leadership and managerial execution. The researchers employed managerial drivers which included; rules, initiatives, integrity, immediate action and emotions to better identify key obstacles that face healthcare managers and administrators.

1.1.1 Conceptual Framework

Our conceptual framework is inspired by the work of Kolb (1984) and Kolb and Boyatzis (1995) on experiential learning and additional work on the topic (Richard and Sabourin, 2009a; Sabourin, 2009a). We found that the conceptual model of Kolb (1984) provided us with a completed spectrum of perspective on the topic of strategy execution. Based on this perspective, our conceptual framework suggests that five different, but complementary drivers could be obstacles faced by managers when executing their strategy. A review of the literature in management and of the Kolb model (1984) and subsequent work (Richard and Sabourin, 2009; Sabourin 2009) has led us to develop a conceptual framework of five drivers adapted to management leadership in healthcare domain. We labeled these drivers as follows:

The first driver of rules deals with the clarification and alignment of the manager's objectives. The first driver gathers variables that refer to factual and rational analysis of given situations. This perspective leads to concept forming and formulation of generalizations that integrate the observations and the reflections. The economic planning and the analysis are prevailing in this dimension. Obstacles deal with figures, figures and protocols. Decision-making is based on facts and abstract principles.

The second driver of emotions deals with getting a commitment to the manager's objectives by its employees. This driver gathers variable dealing with topic such as fetching a commitment, clarifying problems, reconciling the divergent points of view and establishing consensus. In this second situation, we make a thoughtful observation that consists of making observations on the experience lived by the persons and of thinking about their meaning.

The third driver of initiatives deals with translating managerial objectives into concrete projects for employees. It gathers variables dealing with introduction of new projects and ideas that results in more willing and more capable employees. This third driver relies on the active experiment of initiatives; realize projects and continuous improvements to the existing activities.

The fourth driver of immediate action gathers variables that reflect creating value-added action or immediate actions in response to urgent matters in the execution of objectives. It addresses concrete action and those that allows rapid actions on small scale to obtain quick results. Thus, the variables deal with quick decision taking without respect to an established plan.

The fifth dimension of integrity deals with executing objectives in the context of integrity of values and principles. It gathers variables associated with executing objectives in respecting organizational values and principles. These variables refer to obstacles faced concerning organizational values. This is the capacity to realize the organization objectives in the respect of the integrity under pressure. The summary of the drivers has been presented in fig 3.

1.1.2 Hypothesis formulation

Based on the preceding research model developed from the conceptual framework of Kolb (1984), five hypotheses are formulated.

With the assessment of the Kolb (1984) experiential learning model, there are a number of obstacles that managers in any organization or institution would face while aiming to achieve their objectives and goals. These therefore would lead to the formulation of the following hypothesis.

Hypothesis 1: In the context of management leadership in healthcare administration, healthcare managers would face five categories of management obstacles while executing their objectives.

Managers are always on the move to ensure that their employees are committed towards achieving set goals and objectives. This involves reconciling divergent needs and ensuring that only organizational goals are of priority as opposed to individual goals and interests. This therefore leads to the formulation of the following hypothesis.

Hypothesis 2: With regards to the management obstacles faced by healthcare managers, the most significant obstacle perceived would be the drivers of emotions.

Besides stimulating commitments, managers have an overall role of ensuring that all the obstacles faced by their organization and employees in particular are given an equal measure and treatment so to have a balanced performance in their work and objective attainment. This therefore leads to the following hypothesis formulation.

Hypothesis 3: With the exception of drivers of emotions, the other categories of obstacles would be perceived and given equivalent weight age in terms of importance among healthcare managers.

Managers have a greater role in taking immediate action and steps to settle urgent matters and decisions when striving to achieve their objectives. These steps involve rather rapid decisions to meet whatever is to be realised in the shortest time possible. This statement therefore leads to the formulation of the following hypothesis.

Hypothesis 4: Given the volatility in healthcare environment, in the driver of immediate action, healthcare managers would perceive a number of emergencies.

Managers dealing with their employees are at times forced to clarify their objectives in line with the anticipated actual results. This clarity of issues helps to develop focus and attention and even higher commitment by the employees, which are involved in the overall performance and execution of the set goals. This therefore leads to the formulation of the following hypothesis.

Hypothesis 5: Given the perception that no singular performance measure exist for healthcare managers in government healthcare institutions compared to healthcare managers in private practice, lack of clarity in the actual results expected would be perceived as a key obstacle under the driver of rules.

1.1.3 Research Methodology and Design

This study is a part of a broader research on managerial strategy implementation and implementation was conducted in four major steps. In our study the dependent variable was strategy implementation and implementation and the independent variables: (a) Dimension of rules, (b) dimension of emotions, (c) dimension of initiatives, (d) dimension of immediate actions and (e) dimension of integrity. We present briefly each of the major steps before examining them in details:

Firstly, in a previous research and before undertaking the study of this article, we surveyed a sample of 182 managers in organizations. This first step was completed to empirically support the four dimensions of Kolb (1984) using its measurement instrument. These four dimensions had a significant degree of variance explained.

Secondly, before undertaking this study, we developed a specific instrument capable of measuring management leadership within their organization. To do so we completed a set of 12 focus groups with managers working to survey from a qualitative perspective, the set obstacles that they faced. They were gathered under the 4 categories of the conceptual framework of Kolb (1984). However, following this qualitative survey of obstacles faced by managers, a fifth category of obstacle that did not fit within the conceptual framework of Kolb (1984) was added: that is the one of integrity of values.

Thirdly, we used the qualitative survey of these 25 obstacles to develop a measurement instrument under the form of a questionnaire to survey empirically the relative importance of the various categories of obstacles. This questionnaire was previously validated with a sequential set of 5 small samples of managers to improve the formulation of the various questions and insure its statistical reliability.

The following sections explain the details of each of these four methodological steps

Step 1: Empirical validation of the four dimensions of Kolb (1984)

The objective of this first step before undertaking our study was to validate empirically the four dimensions of the conceptual framework of Kolb (1984). The validation was based on the Learning Style Inventory of Kolb (1984) with some adjustments to the managerial context.

1. Data was collected by managers through structured training in the countries of the Organization for Economic Co-operation and Development (OECD). Three regions of the world, namely, Europe, North America and Australia, were randomly selected. 168 respondents completed the questionnaire.
2. The measuring instrument of (Kolb1984), which is the *Learning Style Inventory*, has been used since the initial variables were related to the modes of learning. Our questionnaire was adapted to answer the questions on the strategies of transformation, and we validated the questions during executive seminar with the managers of the organization.
3. To make sure that each of the questions was understood, the validation was preceded by a pre-test conducted on 15 referees of the Belgian Management Training Association. All questions were suitably understood and adjustments were made with one to clarify its understanding from the respondents.
4. Descriptive analyses were completed to identify certain characteristics of the sample. Frequency analysis and the test of Cronbach Alpha were completed. The results of R-square (degree of explained variance by the model) and factorial analyses were used to verify the hypotheses. As shown in table 2, reference is made to the Cronbach Alpha, an indicator of reliability with the measuring scale between 0 (not reliable of the whole) and 1 (reliable).
5. Four of the five dimensions of our conceptual framework have been validated in previous research. The first four dimensions had a positive Cronbach alpha and the fifth dimension (integrity) was added afterwards following the qualitative research focus groups. Table 2 below presents the concept definition along with the variance and reliability obtained as shown in the next table. Each dimension (with the exception of the fifth one) was supported by a significant variance explained and a significant Cronbach alpha.

Step 2: Focus groups with managers to identify managerial obstacles

In the second step, and before undertaking this specific study, we completed focus groups with managers to list the various obstacles they face for each of the dimensions previously identified. Twelve focus groups were conducted with an average of 15 managers per group to identify obstacles faced by managers. We identified 5 obstacles for each of the 5 dimensions for a total of 25 obstacles. The obstacles were selected

based on the frequency among the participants for each of the focus groups. The obstacles identified were used as input to elaborate the measurement instrument related to obstacles.

Step 3: Development of a measurement instrument

We further developed an instrument tool to measure the role of the 25 obstacles that were identified with managers in focus groups. We used the verbatim of the focus group to elaborate a survey to validate these obstacles. A pre-test of questionnaire was administered and the questions were sequentially adjusted with five groups of approximately 25 managers per group before being rolled out to a larger sample of managers. Several adjustments were made in these 5 pre-test to insure the statistical behavior of each questions. The table below presents each of the 25 questions that were completed by the participants.

The step 4 consisted of surveying a group of 322 managers in a governmental Department of a Canadian province. The participants were all managers and project managers with an information technology background and were in charge of supervising information technology projects. The group was selected to insure the homogeneity of the respondents in terms of origins, task and functions.

In the specific context of this research, we surveyed this specific group of managers to better understand obstacles facing managers.

In our sample, an average of 36% of managers was responsible for 5 to 19 employees working under them. Median years of service at the current organization have been 5 to 10 years of which a majority (76%) having spent less than 5 years at their current managerial position. Majority of the respondents (80%) were 49 years old or younger. There were no significant differences between this sample of 182 and the broader sample of managers (n=322) used in previous research.

A selection of other methods was used in an attempt to interpretation. The investigators had no vested interest in the enhance response rates, including: 1) ensuring that the survey specific outcomes of the survey, was user-friendly, 2) ensuring anonymity and uncensored responses from our neutral academic unit, 3) the use of several contact methods (meeting, telephone, fax, email, newspaper articles) to solicit participation, 4) ensuring timely respondent access to survey results, and 5) promoting the potential benefits of the results to the profession within the country. This was a voluntary anonymous survey. Completion of the survey was considered consent for the participant.

1.1.3.1 Main outcome measures

The main outcome measures for this study were professional demographics and the extent of agreement to positively phrased statements regarding their delivery, performance and professional satisfaction with emphasis on the management drivers.

1.1.3.2 Data analysis

For the purpose of this research, data analysis was unfunded assessment solicited by the Canadian Supreme Council of Health. To minimize any perception of potential bias and loss of anonymity, the researchers were solely responsible for the administration of survey questionnaires, data collection, analysis and interpretation. The researchers had no vested interest in the specific outcomes of the survey.

1.1.4. Findings and Results

One hundred and seventy two online survey accesses were recorded during the designated survey collection period. This represents 58% of all healthcare managers practicing in Canada. Twenty two of the surveys were found to contain no responses or respondent duplicated survey attempts and were thus neglected. The

remaining two hundred and fifty surveys contained responses to one or more questions and were included in the analysis. We noted that not all participants provided responses to all the survey questions.

1.1.4.1 Respondent demographics

The socio-demographic and years of practice characteristics are summarized in table 2. This was based in the years of practice in administrative and management positions since commencing the employment. 90 respondents reported to have held management position for a period of less than 5 years. This represented a response rate of 30%. 100 respondents reported to have been in management position for periods ranging from 6 to 10 years, thus netting a response rate of 40%. Between 11 to 15 years, there were 50 respondents who scored a response rate of 14.67%. 32 respondents reported having held an administrative role in healthcare institution for period of 16-20 years, and had a response rate of 10.67%. Those who had held those positions for periods of over 20 years were 14 respondents, netting a response rate of 4.67%. This information is summarized in table 2.

1.1.4.2 The perception towards delivery, performance and professional satisfaction and management obstacles

Table 3 shows the extent of agreement with perception towards delivery, performance and professional satisfaction with healthcare management under the different variables of the respective drivers of management adopted from the previous researches and as outlined in the conceptual framework. In this research, views and opinions were solicited from 182 hundred respondents who were in management or administrative positions in healthcare institutions selected for study. The drivers were: 1) rules, 2) emotions, 3) initiatives, 4) integrity and 5) immediate action.

Under the driver of rules, there were variables labeled; V_1, V_2, V_3, V_4, V_5 respectively. From the descriptive analysis of variable V_1 , 92% of the respondents agreed with this variable, 2.67% were neutral and 5.53% disagreed with this variable. With respect to variable V_2 , 70.67% agreed, 9.33% were neutral while 20% disagreed. V_3 had 85% agreeing, 10.67% undecided and 4.35% disagreeing. V_4 recorded 67.33% agreeing respondents, 11.33% were neutral while 21.33% disagreed. Variable V_5 had 85.67% agreeing, 7.67% neutral respondents and 6.67% disagreeing respondents.

Under the driver of emotions, there were variables labeled; $V_6, V_7, V_8, V_9, V_{10}$ respectively. As per the findings from the descriptive analysis, V_6 had 84.67% respondents agreeing with the variable, 12% were neutral while 3.33% disagreed. With regards to V_7 , 87.33% agreed, 9.33% were neutral while 3.33% disagreed. V_8 recorded 87% agreement, 8% neutral and 5% disagreement. V_9 had 80% agreeing respondents, 16.67% neutral and 3.33% disagreeing. V_{10} had 87% agreeing, 8.33% were neutral while 4.67% were recorded as disagreed.

Under the driver of initiatives, there were variables labeled; $V_{11}, V_{12}, V_{13}, V_{14}, V_{15}$ respectively. From the descriptive analysis, V_{11} recorded 79% respondents agreed with this variable, 16.33% were neutral while 4.67% disagreed. V_{12} had 75.33% respondents agreed, 19.67% were neutral while 5% disagreed. V_{13} was noted to have 78% of the respondents agreed, 18% were neutral while 4% disagreed. V_{14} was found to have 65.67% respondents who agreed, 23.33% were neutral while 11% disagreed. Lastly V_{15} had 73.33% agreeing, 19.33% neutral and 7.33% disagreeing with the variable.

Concerning the driver of integrity, there were variables labeled as; $V_{16}, V_{17}, V_{18}, V_{19}, V_{20}$. V_{16} had 79% respondents agreeing, 16% were neutral, and 5% disagreeing. V_{17} recorded 72% respondents who agreed, 25% were neutral while 3% disagreed. V_{18} had 80% of the respondents agreeing, 16% of the respondents were neutral while 4% disagreed. V_{19} scored 70% agreeing respondents, 27.33% were neutral while 2.67% disagreed. V_{20} had 75% of the respondents agreeing, 19% were neutral while 6% disagreed.

With regards to the drivers of immediate action, there were five variables labeled as; V_{21} , V_{22} , V_{23} , V_{24} and V_{25} . As from the descriptive analysis, V_{21} was noted 73.33% of the respondents agreed, 21% were neutral whereas 5.67% disagreed. V_{22} had 48% agreeing while 52% were neutral. No disagreement was recorded. V_{23} had 89% of the respondents agreeing while 11% disagreed. V_{24} had 42% of the respondents agreeing, 58% disagreed. V_{25} was after analysis found to have 81% agreeing respondents, 4.67% of the respondents were neutral, while 14.33% disagreed.

1.1.4.3 Perception of healthcare managers and administrators towards the managerial drivers

The researchers developed five managerial drivers that were separately investigated to find out their contribution towards effective delivery, performance and professional satisfaction. The managerial drivers of rules, was after analysis, found to have 80% respondents who agreed with that driver, 8.33% were neutral while 11.57% disagreed with the driver. As for the driver of emotions, 85.67% of the respondents agreed, 11% were neutral and 10% disagreed. The driver of initiatives had 74.33% responses from agreeing managers, 20% were neutral while 17% disagreed. The driver of integrity had 75.33% respondents who agreed with the driver, 20.67% were neutral while 4% disagreed. The driver of immediate action had 66.67% of the respondents agreeing, 27.33% were neutral while 6% disagreed. The summary of the report has been presents in table 4.

1.1.5 Discussion

The discussion presents an overview of the nature and behavior of healthcare managers and administrators with respect to the various management obstacles encountered while discharging their leadership roles. This part is divided into two parts; the specific section and the general discussion section.

1.1.5.1 General discussion section

Generally, well educated and nurtured employees will be very productive. Their delivery will be fostered if management consider making junior employees part of management. The essence of employee engagement is to provide a positive environment where employees are free to contribute, and desire to contribute, more of their energy, efforts and thought processes in ways that significantly and favorably impact the goals of the organization. People, who engage other people on behalf of their employer, as employees are required to do in many service jobs, are expected to be courteous and pleasant to others. How can any leader or manager expect such behavior from subordinates without, in turn, treating subordinates well?

In addition, it doesn't make sense to treat subordinates poorly and expect them to become intrinsically motivated. However, creating intrinsic motivation requires something different than merely a lack of negative treatment. The key issue becomes one of how to inspire people to provide positive and productive engagement toward their organization. We have learned that valuing the talents of subordinates reaps better results. By ensuring that subordinates know we appreciate their thoughts, ideas, skills and knowledge, we communicate a feeling of respect and importance. In doing so, it is not necessary to hand over the reigns of authority or decision-making power. Yet situational leadership theory might indicate that, at times, a participation in decisions by group members yields the optimal outcome.

Many managers think if they want positive employee engagement, then all they have to do is pay higher wages. In other words, if an organization wants higher dedication from employees, all it has to do is give workers more money. However, some studies have shown this is not true.

Herzberg's hygiene motivator theory suggests that the absence of certain elements in the workplace will serve to de-motivate employees, but the presence of these same elements does not serve to motivate employees in the workplace. Therefore, Herzberg described particular elements as "hygiene" elements, as opposed to true motivators. These hygiene elements include pay, security, status, peer relationships,

subordinate and supervisor relationships, company policy and administration, work conditions, and supervision. In other words, according to Herzberg's theory, the hygiene factors only affect job dissatisfaction but do not improve job satisfaction.

Our analysis therefore brings to light, the contemporary perspective of five drivers of management for healthcare managers. The analysis of the data highlights how healthcare management gathers multidimensional practices with varying complementary facets. The following is a brief discussion of the drivers.

The driver of emotions is considered as the foremost healthcare management driver. In other words, motivated and engaged managers and employees contribute to the successful execution of management and objective achievement. The findings related to the driver of initiatives can be applied in the area of identification of training and developmental needs of healthcare managers and employees, to fulfill the competency gap. Conversion of goals into concrete projects, techniques used for team based management, techniques used as self resolution for solving healthcare managerial dilemmas all need a set of unique competency.

The findings related to the driver of rules also have managerial and administrative implications. This driver focuses on the clarity of communicating the expectations, systems to evaluate the results and supportive parameters and the process used for regular reviews and it calls for precise identification, design and implementation of communication systems, evaluation systems and monitoring systems respectively. Hence the management should design perfect systems to ensure that the dimensions of rules are followed.

Though not all management skills has deadlines and contingencies, preparing for crisis and planning for the same will also ensures the support of the driver of immediate actions. Though the driver of integrity was not widely commented, with regards to this study on healthcare management and administration, there is need that managers ensure that their actions are clean and focused on the overall attainment of the organization's objectives and goals.

1.1.5.2 Specific discussion section

This section examines and discusses all our five hypotheses formulated earlier. With respect to the findings on the subject of exploring the obstacles faced by healthcare managers while executing their objectives, we intend to examine to what extent each of our hypothesis was supported. The results of the empirical analyses have provided answers to our research questions. Apart from examining the hypotheses formulated we also wish to elucidate other potential observations of our research to existing literature on healthcare management and administration.

Hypothesis 1: In the context of management leadership in healthcare administration, healthcare managers would face five categories of management obstacles while executing their objectives.

Our first hypothesis refers to the five categories of obstacles developed in the conceptual framework on management leadership in healthcare management and administration and emerged out of the conceptual framework of Kolb (1984). The data analysis done supported this hypothesis. Though it is consistent to our conceptual model, additional research with large samples would be needed to support the external validity and to generalize all the five categories in different levels of healthcare management and administration across geographic locations. In fact in different times, managers will be faced with management obstacles, which can be detrimental to their leadership and work performance. This hypothesis is therefore proving the previous findings about obstacles faced by healthcare leaders and other managers in general.

Hypothesis 2: With regards to the management obstacles faced by healthcare managers, the most significant obstacle perceived would be the drivers of emotions.

In the context of management leadership in healthcare management and administration, our second hypothesis states that the most significant category of obstacles faced by healthcare managers among the five categories found in the conceptual framework is the driver of emotions and the factors related to it including lack of commitment to goals, lack of trust and lack of awareness of the importance of objectives. The descriptive analysis supports this hypothesis. In order to stimulate employees to focus on the organizational goals, it is relative that senior managers be leaders, who can communicate necessary objectives to their juniors. There should be trust and respect among employees and between seniors and their juniors. This will help stimulate effective management approach and realizable tangible results.

Hypothesis 3: With the exception of drivers of emotions, the other categories of obstacles would be perceived and given equivalent weight age in terms of importance among healthcare managers.

Our descriptive analysis did not support this hypothesis. In contrast to the hypothesis set based on our conceptual framework, we found that the four other drivers excluding the driver of emotions did not have an equal weight in their relative importance. Some drivers are applicable or appropriate at different times and in different scenarios. So the hypotheses could not be supported since not all drivers will be exhibiting similar variability or effects regarding management.

Hypothesis 4: Given the volatility in healthcare environment, in the driver of immediate action, healthcare managers would perceive a number of emergencies.

Under the drivers of immediate action, our hypothesis states that healthcare managers would perceive many emergencies and last minutes requests and changes as a key obstacle since there is volatility in the healthcare environment. The descriptive analysis supported this hypothesis. It is always impossible to avoid emergencies in an organization. Some decisions will always be made without having to settle for formal meetings. This is what has made the hypotheses an important value in our research.

Hypothesis 5: Given the perception that no singular performance measure exist for healthcare managers in government healthcare institutions compared to managers in private practice, lack of clarity in the actual results expected would be perceived as a key obstacle under the driver of rules.

Our fifth hypothesis states that healthcare managers would perceive lack of clarity in their actual results expected to be the key obstacle under the drivers of rules. It is consistent with the previous research studies indicating that clear priorities and objectives. Our descriptive analysis supports this hypothesis. The certainty with any management decisions is that managers whether in public or private, have to ensure that the results to achieved are clearly defined to their employees.

1.1.5.3 Practical and Theoretical Implications

Motivated and engaged employees will be more committed to the goals. Out of the five obstacle categories, driver of emotions and its factors such as; lack of commitment to the goals, trust, and awareness about the importance of objectives are perceived as the most significant obstacles. It is an important observation for the management in the sense that they have to adopt practices and policies to develop and sustain employee engagement in healthcare sector.

Healthcare managers are expected to perform efficiently with multiple management measures since the dynamics of performance and the competencies required for that are quite unique for professional satisfaction. Their performance is expected to go beyond profit or wealth maximization when compared to their counterparts. Given this scenario, the obstacles perceived by healthcare managers also would be unique and different when compared to their counterparts. Research has to identify those set of obstacles that are exclusively felt by healthcare managers. Our descriptive research confirms the existence of five categories of obstacles faced by healthcare managers while discharging their healthcare goals and

objectives.

1.1.5.4 Limitations

In the context of healthcare management and administration, additional research with large samples will be necessary to support the current findings and its validity. Additional research is required to generalize these findings to the healthcare managers employed specifically in the government institutions and the private sector. Also global level categories have to be included in the additional research to generalize the current research findings.

1.1.5.5 Conclusion

Our research discusses the significance of understanding the managerial obstacles faced by healthcare managers when exercising their leadership roles. We also discussed how the nature of healthcare managers' measures varies between the managers employed in government and private institutions. Using descriptive Analysis, our research studied the managerial obstacles that hamper the healthcare managers in implementing their objectives to achieve defined leadership. Our research confirmed the existence of five categories of obstacles as experienced by healthcare managers. The findings suggest that factors such a lack of commitment, lack of trust and lack of awareness of the importance of objectives would be the main obstacles when healthcare managers execute their objectives. Also the findings supported our hypothesis that the main obstacles faced by healthcare managers are related to the drivers of emotions. Further this study also indicates that the category of immediate action such as too many emergencies and urgent issues going unresolved without solutions would be perceived by healthcare managers as obstacles.

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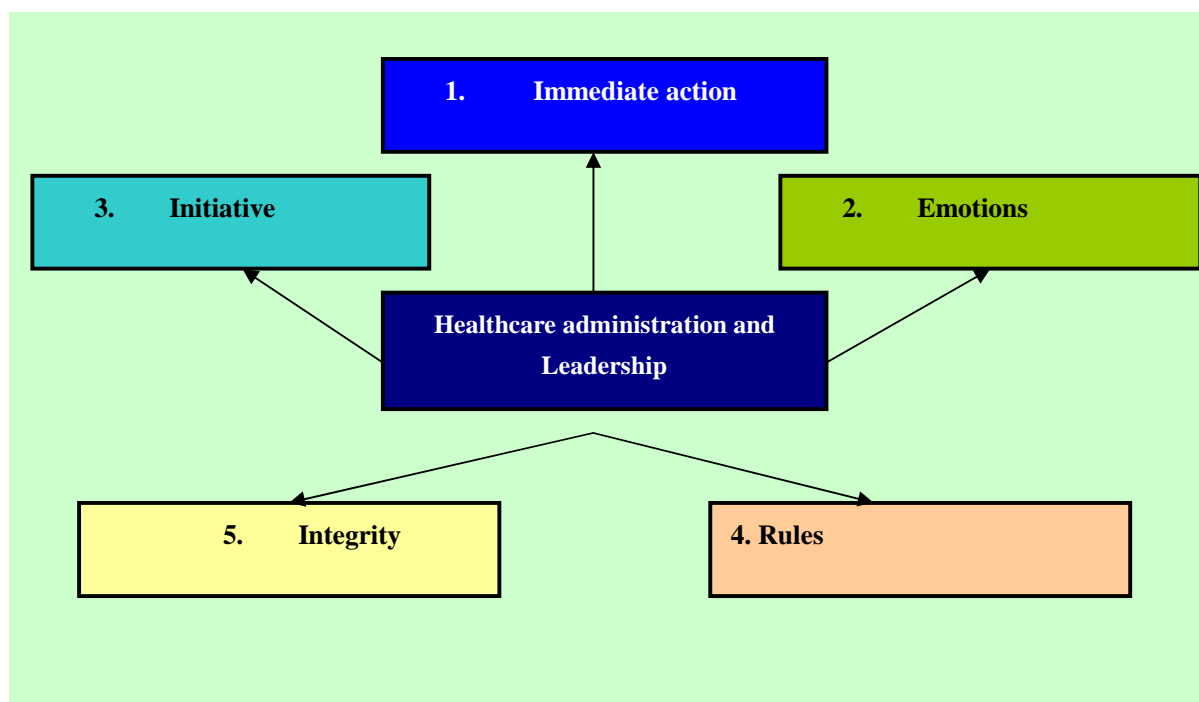
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Notes:

Fig 1: *The conceptual framework of the 5 drivers of strategy execution*



Sources: Kolb (1984) Experiential Learning Model

Table 2: Concept definition and measurement

Concept definition		Variance and reliability
1		Variance explained: 53.5 %

	Rules (abstract conceptualization): theoretical conceptualization by means of rules postulates and models to systematize information.	Alpha of Cronbach: 0.799.
2	Emotions (reflexive observation): problem recognition and capacity to develop convictions and to get a commitment.	Variance explained: 60 % • Alpha of Cronbach: 0.831.
3	Initiatives (active experimentation): select a model to test its possible consequences. Learning by trying, finding new ways to put new ideas in practice. Support initiative to responsabilize employees.	Variance explained: 53% Alpha of Cronbach 0.8
4	Immediate actions: action oriented that is immediate and concrete. Oriented towards direct contacts and apprehension rather than comprehension. Quick adjustments resulting from feedback.	Variance explained: 52.6% Alpha of Cronbach: 0.740

Table 1: Description of measurement variables in the drivers

<i>Obstacles</i>	<i>Drivers & Variables</i>	<i>Measurement-Questions</i>
	<i>Driver of Rules</i>	
<i>Obst₁</i>	<i>V₁</i>	I have developed work techniques to clarify the expectations of our bosses.
<i>Obst₂</i>	<i>V₂</i>	We have identified goals that focus on customer service

<i>Obst₃</i>	<i>V₃</i>	We have developed work techniques to help individuals stay focused on the results to be achieved.
<i>Obst₄</i>	<i>V₄</i>	We systematically conduct annual reviews of our activities with the other units within our organization.
<i>Obst₅</i>	<i>V₅</i>	We are able to estimate the economic value of improvements we wish to make throughout the organization.
	<i>Drivers of Emotions</i>	
<i>Obst₆</i>	<i>V₆</i>	We are able to encourage our workers to adhere to our goals so that they are fully aware of their importance.
<i>Obst₇</i>	<i>V₇</i>	We are able to communicate a sense of urgency to our workers so that they are able to make rapid decisions.
<i>Obst₈</i>	<i>V₈</i>	We are able to significantly increase the motivation and levels of engagement of our workers.
<i>Obst₉</i>	<i>V₉</i>	We work closely with colleagues who are able to support us during the decision-making process.
<i>Obst₁₀</i>	<i>V₁₀</i>	We are able to treat our employees fairly.
	<i>Drivers of Initiatives</i>	
<i>Obst₁₁</i>	<i>V₁₁</i>	We have developed a culture that fosters initiative and accountability.
<i>Obst₁₂</i>	<i>V₁₂</i>	We translate our goals into concrete projects for all our employees.
<i>Obst₁₃</i>	<i>V₁₃</i>	We know how to set team goals.
<i>obst₁₄</i>	<i>V₁₄</i>	We have developed techniques to increase self-resolution of problems for team members

<i>Obst₁₅</i>	<i>V₁₅</i>	In my organization, we use various techniques according to the level of importance of decisions and team-based management.
	<i>Drivers of Immediate action</i>	
<i>Obst₁₆</i>	<i>V₁₆</i>	We systematically provide improvements and contingency plans to effectively respond to emergencies.
<i>Obst₁₇</i>	<i>V₁₇</i>	Over the past years, the number of emergencies we responded to has decreased.
<i>Obst₁₈</i>	<i>V₁₈</i>	We systematically perform reviews to find durable solutions for repeat situations.
<i>Obst₁₉</i>	<i>V₁₉</i>	I dedicate at least 2 to 3 ninety-minute sessions each week to work directly on their annual goals
<i>Obst₂₀</i>	<i>V₂₀</i>	We dedicate a maximum of one day each week to respond to urgent requests.
	<i>Drivers of Integrity</i>	
<i>Obst₂₁</i>	<i>V₂₁</i>	We clearly define the values of our organization
<i>Obst₂₂</i>	<i>V₂₂</i>	When under pressure, we are able to reinforce the values of our organization
<i>Obst₂₃</i>	<i>V₂₃</i>	I am able to recognize differences between the values of my employees and those of my organization.
<i>Obst₂₄</i>	<i>V₂₄</i>	We have ways of contributing to the organization's reputation through the services we provide.
<i>Obst₂₅</i>	<i>V₂₅</i>	We have work methods to systematically reinforce our employees' sense of obligation.

Table: 2 Characteristics of healthcare managers' years of practice

No of Years in management position	No of Respondents (N=300)	Response rate (%)
Between 0-5 years	90	30%
Between 6-10 years	120	40%
Between 11-15 years	44	14.67%
Between 16-20 years	32	10.67%
Over 20 years	14	4.67%

Obstacles	Driver	Variables	Responses		
			Agree N (%)	Neutral N (%)	Disagree N (%)
Rules		V ₁	171((92%)	3(2.67%)	8(5.53%)
		V ₂	112(70.67%)	18(9.33%)	42(20%)
		V ₃	155(85%)	22(10.67%)	5(4.35%)
		V ₄	102(67.33%)	24(11.33%)	56(21.33%)
		V ₅	157(85.67%)	13(7.67%)	12(6.67%)

Emotions	V ₆	154(84.67%)	16(12%)	12(3.33%)
	V ₇	162(87.33%)	16(9.33%)	4(3.33%)
	V ₈	161(87%)	14(8%)	7(5%)
	V ₉	140(80%)	30(16.67%)	12(3.33%)
	V ₁₀	161(87%)	15(8.33%)	5(4.67%)
Initiatives	V ₁₁	137(79%)	29(16.33%)	16(4.67%)
	V ₁₂	126(75.33%)	49(19.67%)	7(5%)
	V ₁₃	134(78%)	44(18%)	4(4%)
	V ₁₄	117(65.67%)	35(23.33%)	30(11%)
	V ₁₅	120(73.33%)	48(19.33%)	14(7.33%)
Immediate action	V ₁₆	137(79%)	38(16%)	7(5%)
	V ₁₇	119(72%)	47(25%)	16(3%)
	V ₁₈	140(80%)	28(16%)	6(2%)
	V ₁₉	118(70%)	32(27.33%)	8(2.67%)
	V ₂₀	125(75%)	47(19%)	10(6%)
Integrity	V ₂₁	120(73.33%)	53(21%)	9(5.67%)
	V ₂₂	84(48%)	98(52%)	—
	V ₂₃	157(89%)	—	25(11%)
	V ₂₄	84(42%)	98(58%)	—
	V ₂₅	143(81%)	11(4.67%)	28(14.33%)

Notes: Responses have been categorized into 3-point scale; neutral means “neither agrees nor disagree”

Table 4: Perception towards managerial drivers

Driver	Responses		
	Agree N (%)	Neutral N (%)	Disagree N (%)
Rules	140(80%)	15(8.33%)	27(11.58%)
Emotions	157(85.67%)	15(11%)	10(3.33%)
Initiatives	113(74.33%)	54(20%)	15(5.67%)
Immediate action	116(75.33%)	55(20.67%)	11(4%)
Integrity	100(66.67%)	62(27.33%)	20(6%)

Notes: Responses have been categorized into 3-point scale; neutral means “neither agrees nor disagree”

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